



REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/849,888
Filing Date	May 21, 2004
First Named Inventor	Tamara Timms
Art Unit	
Examiner Name	
Attorney Docket Number	24558.01

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

**Patent No. 6,932,374
Issue Date August 23, 2005**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
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| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: | |

First named inventor and/or her coinventor recently paid the Patent Office directly the first maintenance fee due as to their above patent, thus indicating that they no longer feel the need for the services of this attorney.

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

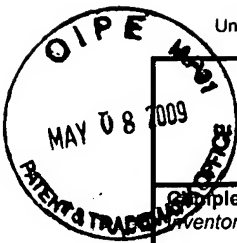
- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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OR

B. ☒ Inventor or Assignee name Mr. & Mrs. Don Timms

Address 24 South Street

City Mobile State AL Zip 36606 Country U.S.

Telephone 251-476-4599 Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name

Richard C. Litman

Registration No. 30,868

Address Litman Law Offices, 3717 Columbia Pike

City Arlington State VA Zip 22204 Country U.S.

Date May 8, 2009 Telephone No. 703-486-1000

NOTE: Withdrawal is effective when approved rather than when received.

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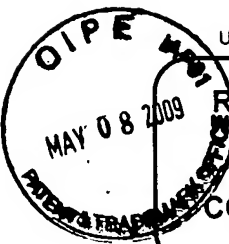
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